CS-129 (Rev 5/2002)

State of Michigan
DEPARTMENT OF CIVIL SERVICE
Bureau of Human Resource Services
P.O. Box 30002, Lansing, MI 48909

POSITION ACTION REQUEST

FORWARD *Original to Civil Service*
RETAIN *One Copy at Agency*

1. Date Submitted by Agency

2. Preapproved Class: ☐ **YES** ☐ **NO**

3. Selective Position Requirement (SPR) (If yes, provide explanation in Appointing Authority's Comments section.) ☐ **YES** ☐ **NO**

4. Department (Process Level Name)	**5. Process Level Code**	**6. Bureau**	**7. Division**	**8. Depart. Code**

9. Employee's Name (Last, First, M.I.)	**10. Employee ID No.**	**11. Location Code**	**12. Classified** ☐ **Unclassified** ☐	**13. Direct Supervisor Code**

14. Current Position Code	**15. Proposed Position Code**	**16. Proposed Position Description**	**17. Performance Pay** ☐ **Yes** ☐ **No**	**18. Effective Date**	**19. Expiration Date**

20. Sub-Class (es)

_____ _____ _____ _____ _____

21. ☐ **ESTABLISH**   ☐ **RECLASSIFY**
☐ **UPDATE**   ☐ **FREEZE/REMOVE**
☐ **INACTIVATE/ACTIVATE**   ☐ **P-RATE**

22. Expense Account

☐ ☐ ☐ ☐ **ACTIVITY** ☐ ☐

23. Appointing Authority's Comments

24. Prepared By	**25. Date**	**26. Phone Number**	**27. Signature of Appointing Authority**	**28. Date Signed**

POSITION ACTION RESPONSE — DEPARTMENT OF CIVIL SERVICE USE ONLY

29. Date Received	**30. Tracker ID**	**31. Approved Class Title**	**32. Position Description**	**33.** ☐ **ESTABLISH** ☐ **RECLASSIFY** ☐ **APPROVED AS NOTED** ☐ **DISAPPROVED** ☐ **ADD/REMOVE FREEZE** ☐ **NO ACTION** ☐ **INACTIVATE/ACTIVATE**

34. Position Code	**35. Assign Supv. Code**	**36. SPR** ☐ **Yes** ☐ **No**	**37. Effective Date**	**38. Expiration Date**

39. Sub-Class Code Approval

_____ _____ _____ _____ _____

40. Pay Schedule

41. Exempt ☐ **Yes** ☐ **No**

42. Salary Class ☐ **Hourly** ☐ **Salary**

43. Pay Plan

44. Civil Service's Statement

45. Analyst's Signature	**46. Date**	**47. Manager's Signature**	**48. Date**	**49. Entered By**	**50. Date**

INSTRUCTIONS FOR COMPLETING A POSITION ACTION REQUEST (CS-129)

PLEASE NOTE: Electronic filings of the Position Action Request form will only be processed if from an appointing authority or designee, as specified on the appointing authority list.

1. Position Establishment

These instructions apply when establishing classified and unclassified positions (preauthorized and positions requiring Civil Service's review). Classified positions requiring Civil Service's review must be accompanied by a completed CS-214 Position Description form (except for classes approved on the agencies' preapproved class listing or exceptions noted below). All specialist and managerial positions will require the submission of a completed respective specialist or managerial worksheet.

NOTE: Requests to establish an exempt position under Civil Service Commission Rule 1-9.2 require a copy of the State Personnel Director's approval.

Complete boxes: 1-8, 11-13, 15-18, 19-20 (if applicable), 21, 22 (if applicable), and 23-28.

2. Reclassify — Filled/Vacant Position (positions that require Civil Service review)

Complete boxes: 1-8, 9-10 (if applicable), 11-18, 21 (check reclassify), 22 (if applicable), and 23-28. Reclassification requests require a CS-214 and worksheet, if applicable.

3. Freeze/Remove Freeze

Complete boxes: 1-2, 4-8, 9-10 (if applicable), 11-14, 15-16 (if applicable), 17 (check if position is currently receiving performance pay), 21, and 23-28. This action requires a CS-214 and worksheet, if applicable.

4. Inactivate/Activate Position

Complete boxes: 1, 2, 4-8, 11-14, 17, 18, 21, and 23-28. Inactivate requests do not require a CS-214.

5. Position Extension

Complete boxes: 1, 4-8, 9-10 (if applicable), 11-14, 19, 21 (check update), and 23-28. Extension requests do not require a CS-214 or specialist/ managerial worksheet.

6. Recoding Positions

Complete boxes: 1, 2, 4-8, 9-10 (if applicable), 11-15, 18, 21 (check update), and 23-28. This action requires a CS-214 and worksheet, if applicable.

7. Adding/Deleting Selective Position Requirement or Subclass Assignments

Complete boxes: 1-8, 9-10 (if applicable), 11-14, 18, 20, 21 (check update), and 23-28. This action requires a CS-214.

8. Training Rate

Complete boxes: 1-8, 11-13, 15-18, 19-20 (if applicable), 21, 22 (if applicable), and 23-28. **Box 23** should include appointing authority statement: **"Establishment requested to accommodate Training Pay Schedule assignment."**